Standard Application Completeness Checklist Minimum Requirements (OAR 690-310-0040)(ORS 537.400)

This is the checklist used by WRD staff

Application	G- 17215	County	TACK	(502/	Priority Da	te <u>5-8-2</u>	2009
Township	35 S I	Range	Z W/	•	Section	13	
Amoun	Grm Use in	eric/	Aere	> Wate	rmaster Dist	t.#	
Caseworker Ass	signed	/					
□ Brook Geffen	Jeana Eastman	□ Joel :	Plahn	□ Kerry	Kavanagh	□ Michele M	cAleer
Applicant/O	rganization Name, Mai	iling Address	s, and Telep	hone Nu	mber.		
1	ater. If stored water, is tored water must be inc		-				
be filed at the sa	ame time as a Reservoi O Reservoir application	r or Alt Reser	,				
J	ed source is or (s not)(c	.:1	G-w	£41. a.		Tfitia vyith	dwarren son dan
ORS 538, th	nen return application a						
negative IR	will be issued.				/		
6 Property own	nership indicated.	577	1785	Ye	5 , '		
_O If ap	plicant does not own a	ll the land, th	ne affected	landowne	r's name and	mailing addres	s must be listed
	plicant does not own a						
	norization or an easeme k must be submitted.	ent permitting	g access to l	land cross	sed by the pro	posed ditch car	nal or other
1 -		·				<i>—</i> /	
Groundwater	development section (Page 3 and 4	, Section B	or a wel	I log report.	_ /E] /	•
Proposed use	e of water. If supplement	ntal, list prim	nary acreage	е.			
Enclosed Sup	pplemental Form for ea	ach proposed	use.			•	
Form	n I (Irrigation)	O Form	M (Munici	ipal or Qu	ıasi-Municipa	al)	
o Form	n R (Mining)	O Form	Q (Comme	ercial or I	ndustrial)		
O Sprin	ng Description Sheet						
Amount of w	vater from each source	in gallons pe	r minute (C	SPM), cut	oic feet per se	econd (CFS), or	acre feet (AF)
Period of us	e						
Water mana	gement section (Please	estimate if the	he water sys	stem has	not been desi	gned).	
Resource Pro	otection Section (Page	6, Section 5)).				
Project sche	dule (If system is alread	dy completed	l, indicate "	existing").	·	

0	For Standard reservoir applications proposing to store more than 9.2 acre feet, and a dam height of more than 10 feet, preliminary plans and specifications for dam and impoundment are required. In addition, the map must be prepared by a CWRE.
b	All applicants or the applicant's authorized agent (include title or authority if for an organization or corporation), must sign the application in ink. Signature must be an original "wet" signature. Copies cannot be accepted.
D	You must include a Legal description of all the properties involved where water is diverted, crossed, and used. The Legal description includes a metes and bounds, or other government survey description. A copy of the deed, land sales contract or title insurance policy can provide this information, or you may submit a lot book
ſ	report prepared by a title company. The Department will not accept a copy of the tax bill.
9	A completed Land-Use Form or receipt signed and dated by the appropriate planning department officials. Please be certain that the Land-Use form lists all lands involved and all uses proposed. Date of signature must be within the past 12 months. Signature must be an original "wet" signature. Copies cannot be accepted.
1	The man must meet all the minimum requirements of OAR 600 210 0050 C
Y	The map must meet all the minimum requirements of OAR 690-310-0050.
`_	Township, Range, Section
	Location of main canals, ditches, pipelines or flumes (if POA/POD is outside of POU)
/	Place of use, 1/4, 1/4's and tax lot clearly identified Even man scale not less than 4" = 1 mile (example: 1" = 100 ft, 1" = 200 ft, etc.)
/	Even map scale not less than 4" = 1 mile (example: 1" = 100 ft, 1" = 200 ft, etc.) Location of each diversion point, well or dam by reference to a recognized public land
/	survey corner
	Reference corner on map
	North Directional Symbol
	Number of acres per 1/4, 1/4, if for irrigation, nursery, or agriculture
	Each point of diversion coordinate
-	Other ASSIST From ASST. WIM SHAVON HAYNES SW REGION
	- SHAVON HAYNES
	GARTS 1758
3]	Fees: Amount of water requested 1,1245
	Base Fee \$ Additional Use @
	1st CFS/AF 2aa Total Exam Fees \$ 7aa
	Addtn'l CFS/ AF @ = Total Paid \$ 70 CI
	Addtn'l CFS/AF@ Total Paid \$ 71ClAddtn' POD@ Amount Due \$ PEC FEE Due
	Reviewed by: HTM Date: 5-11-2009

STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT# 96372

725 Summer St. N.E. Ste. A SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax)

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